

UST Inspection Checklist

Page 2b

Facility Name:

Mt Facility ID#:

UST Information: If a question does not apply, leave it blank.
Please complete all applicable pages and questions for each UST system. If the facility has more than 5 UST systems, please attach additional pages.

MT Tank #	MT Tank #	MT Tank #	MT Tank #	MT Tank #																																																														
1	Is the UST system notified? All underground tanks and underground piping connected to aboveground tanks must be notified. (Compare to Facility Summary Report)	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
2	Does the facility have a valid certification of financial responsibility on file?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
3	Is a valid Operating Permit visibly posted or readily available?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
4	Is a valid Operating Tag attached to the tank or underground piping system? List Tag # (Number should agree with UST database info)	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
5	Is UST system presently in use? If not in use, enter date last used:	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
6	If UST system is out- of-service, is there one inch or less of product in the tank verified by measurement? (Tanks out-of-service more than 3 months must have <1" product)	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
7	Are spill and overfill protection devices required? (Spill and overfill are not required if all fills are less than 25 gallons at a time)	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
8	Is an approved spill protection device installed?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
9	Is spill protection device free of debris, dirt, water and fuel? How much liquid (inches) is present?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
10	Does the spill protection device appear liquid tight?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
11	Is an approved overfill protection device installed? (Ball float valves are not allowed on suction piping systems.) Check all that apply, if other , explain below. If Yes, what type? FV= flapper valve, BFVV=ball float vent valve; HLA=high level alarm, O=Other	<input type="checkbox"/> FV <input type="checkbox"/> BFVV <input type="checkbox"/> HLA <input type="checkbox"/> O	<input type="checkbox"/> FV <input type="checkbox"/> BFVV <input type="checkbox"/> HLA <input type="checkbox"/> O	<input type="checkbox"/> FV <input type="checkbox"/> BFVV <input type="checkbox"/> HLA <input type="checkbox"/> O	<input type="checkbox"/> FV <input type="checkbox"/> BFVV <input type="checkbox"/> HLA <input type="checkbox"/> O	<input type="checkbox"/> FV <input type="checkbox"/> BFVV <input type="checkbox"/> HLA <input type="checkbox"/> O																																																												
12	Is product dispensed 24 hours a day?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
13	Is the UST facility manned 24 hours per day?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
14	Do any of the fill pipes have a horizontal component (Remote fill)?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
15	Does the vent standpipe terminate at least 12' above the ground and if applicable, 3' above the roofline or canopy?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
16	Is the storage tank an AST, mounded or higher in elevation (circle one) than any dispenser?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
17	If question #16 is marked "YES", is a liquid shut-off device (solenoid or anti-siphon valve) located in the product line between tank and the underground portion of the piping? (Show location on the site diagram)	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
18	Has a SIR report, which indicated a "fail" or 2 consecutive inconclusives or related wording been reported to the DEQ/PRS as a suspect release?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
19	Do any monthly leak detection monitoring records show a failed result?	YES NO	YES NO	YES NO	YES NO	YES NO																																																												
20	If question #19 is "Yes," indicate what month or months failed by marking a failed result with a T = Tank or P = Pipe . 1= January	<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12
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Comments:

(Inspector Initial)

(Date)

(Owner/Operator Initial)

(Date)